

**Electronic Patent Application Fee Transmittal****Application Number:**

10762816

**Filing Date:**

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**Title of Invention:**

MEDICAL DEVICES

**First Named Inventor/Applicant Name:**

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**Filer:**

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**Attorney Docket Number:**

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Utility Appl issue fee

1501

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1510

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Publ. Fee- early, voluntary, or normal

1504

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300

300

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
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Total in USD (\$)				1810